PTO/SB/06 (08-03)
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| - | | | CLAIMS AS FILED - PART I (Column 1) (C | | | olumn 2) SMALL EN | | OR | OTHER THAN SMALL ENTITY | |
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| IN | DEPENDENT CLAIR | MS ? | minus | | <u> </u> | X \$= | · | OR | x.s, 8 = | 18.00 |
| \vdash | | | minus | 3 = • | | x s= | | OR | x s = | |
| ı | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | | OR | + s · = | |
| 1 " | the difference in o | column 1 is less th | nan zero, e | enter "0" in colun | nn 2. | JATOT | | OR | TOTAL | |
| | | LAIMS AS AN | MENDE |) - PART II | , | | | | | |
| 6 | 4110 | (Column 1) | | | • , | | | | | |
| - | 1 | CLA!ids | | (Column 2 |) (Column 3) | SMALL | ENTITY | 90 | | R THAN . ENTITY |
| AMENDMENT A | | REMAINING AFTER | | RUMBER | PRESENT | RATE | ADDI- | | RATE | |
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| | (37 CFR 1.16(b)) | <i></i> | Minus | 3 | = | x s= | | OR | x s = | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | +s = | | OR | | |
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| .m | | CLAIMS | Γ | (Column 2 HIGHEST | (Column 3) | | | | | <u>. </u> |
| 늘 | | REMAINING AFTER | İ | NUMBER PREVIOUSLY | PRESENT EXTRA | RATE | ADDI- | | RATE | ADD1- |
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| | (37 CFR 1.16(b)) | _2 | Minus | <u>"3</u> | Ξ | x s = | | OR | | 9000 |
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| O | *10-10 | CLAIMS | | (Column 2) HIGHEST | (Column 3) | | | | | |
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| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | OR | × \$ = | |
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or Independent) is the highest number found in the appropriate box in column 1. The Hignest Number Previously Paid For (Total or Independent) is the hignest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(Column 2) (Column 3) CLAIMS () HIGHEST REMAINING NUMBER PRESENT ENDMENT **AFTER** PREVIOUSLY **EXTRA** MENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus 0 Minus à AM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))

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|-----------|------------------------|----|--------------------|------------------------|
| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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